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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Assn., Inc. Podiatry Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2005 02 28 2005 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Gerald Peterson, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM 07 18 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 26930250876

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Report Covering the Period: From:	01 2005	To: 0 2 2 8 2 0 0 5
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Yes 2005		284106.18
(b) Cash on Hand at Begining of Reporting Period	357406.52	
(c) Total Receipts (from Line 19)	26156.06	101018.13
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	383562.58	385124.31
Total Disbursements (from Line 31)	35454.65	37016.38
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	348107.93	348107.93
Debts and Obligations owed TO		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
. Debts and Obligations owed BY		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidate	e committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period:

From:

м м 0 2 01

^Y 2 0 0 5

To:

м м 0 2 D 2 B

2005

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	18389.88	65414.88
	(ii) Unitemized	7604.00	34876.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	25993.88	100290.88
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	25993.88	100290.88
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	162.18	227.25
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26156.06	101018.13
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	26156.06	101018.13

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 926.79 2488.52 Expenditures..... (c) Total Operating Expenditures 926.79 2488.52 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 34500.00 34500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 27.86 27.86 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 35454.65 37016.38 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

35454.65

37016.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	25993.88	100290.88
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	25993.88	100290.88
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	926.79	2488.52
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	926.79	2488.52

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 32 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc	c. Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Steven R. Kravitz			Date of Receipt
Mailing Address 61 Taylors Way			02 04 2005
City	State	Zip Code	Transaction ID: 10657158
Holland FEC ID number of contributing federal political committee.	C	18966-2686	Amount of Each Receipt this Period 250.00
Name of Employer American Professional Wound Care Assoc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Podiatris Aggregate		
Full Name (Last, First, Middle Initial) Dr. David B. Tucker Mailing Address 1331 Tellowee Rd.			Date of Receipt
City	State	Zip Code	0 2 0 4 2 0 0 5 Transaction ID: 10657161
Eden	NC	27288-9505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Podiatris		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Stephen H. Powless			Date of Receipt
Mailing Address Park Nicollet Clinic 3900 Park Nicollet Blv	d.		02 07 2005
City Saint Louis Park	State MN	Zip Code 55416-2620	Transaction ID: 10660157 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Podiatris		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
			-

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Llag apparata aphadula(a)	FOR LINE NUMBER: PAGE 7/32
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. William P. Crotty			Date of Receipt
	Mailing Address 5601 Park Ave.			02 07 2005
	City	State	Zip Code	Transaction ID: 10660158
	Fort Smith	AR	72903-1428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1150.00
	Name of Employer Self Employed	Occupatio Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	1150.00	1
	Other (specify)		1130.00	
В.	Full Name (Last, First, Middle Initial) Dr. Thomas Baer			Date of Receipt
	Mailing Address Rd. 2 Box 103			0 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10663245
	Scenery Hill	PA	15360-9802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify)	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Kathleen M. Stone			Date of Receipt
	Mailing Address 18807 N. 42nd Ave.			0 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10663247
	Glendale	AZ	85308-7527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Podiatris		
	Receipt For:		e Year-to-Date ▼	1
	Primary General	38 0		1
	Other (specify) ▼	0 0	500.00	
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1 3	UBTOTAL of Receipts This Page (optional)			

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/32	
	EMIZED RECEIPTS		or each category of the	(check only one)	
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An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	rnot be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
_	NAME OF COMMITTEE (In Full)		7,		_
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
۹.	Full Name (Last, First, Middle Initial) Dr. Devang C. Patel			Date of Receipt	
	Mailing Address 520 West Ave.			02 / 11 / 2005	
	City	State	Zip Code	Transaction ID: 10663248	
	Norwalk	CT	06850-4007	Amount of Each Receipt this Period	1
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self Employed	Occupation Podiatris			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
 3.	Full Name (Last, First, Middle Initial) Dr. Oliver S. Foster			Date of Receipt	
	Mailing Address Baldwin Hills Foot & Ank 3756 Santa Rosalia Dr. #			0 2 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 10663249	
	Los Angeles	CA	90008-3606	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		700.00	
	Name of Employer Self Employed	Occupation	1	7	
		Podiatris			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		700.00		
- C.	Full Name (Last, First, Middle Initial) Dr. Oliver S. Foster			Date of Receipt	_
	Mailing Address Baldwin Hills Foot & Ank 3756 Santa Rosalia Dr. #			02 / 11 / 2005	
	City	State	Zip Code	Transaction ID: 10663250	
	Los Angeles	CA	90008-3606	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		300.00	
	Name of Employer Self Employed	Occupation Podiatris			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		1000.00		
s	UBTOTAL of Receipts This Page (optional)			1500.00	
			•		1
T	OTAL This Period (last page this line number on	ly)	>		L

SCH	EDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/32
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			Detailed Summary Page	13 14 15 16 17
Any infor c	ormation copied from such Reports and State commercial purposes, other than using the na	ements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\ NAI	ME OF COMMITTEE (In Full)			
\	nerican Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee	
	Name (Last, First, Middle Initial) John F. Grady			Date of Receipt
Mail	ling Address 7605 Ridgewood Ln.			02 11 2005
City	1	State	Zip Code	Transaction ID: 10663252
<u>Bu</u>	rr Ridge	IL	60527-8024	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		500.00
Nan Self	ne of Employer f Employed	Occupation Podiatrist		
Rec	eipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Name (Last, First, Middle Initial) Bart D. Beaver			Date of Receipt
Mail 	ling Address 11043 S. Homan			02 11 2005
City	,	State	Zip Code	Transaction ID: 10663253
<u>Chi</u>	icago	IL	60655-2719	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		301.00
Nan Self	ne of Employer f Employed	Occupation Podiatrist		
Rec	eipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		301.00	
	Name (Last, First, Middle Initial) Bradford W. Glass			Date of Receipt
	ling Address 4603 Island Dr.			0 2 1 0 2 2 0 0 5
City	,	State	Zip Code	Transaction ID: 10671485
Mic	dland	TX	79707-1406	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
Nan Self	ne of Employer f Employed	Occupation Podiatrist		
Rec	eipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼		250.00	
SUBT	OTAL of Receipts This Page (optional)			1051.00
ΤΟΤΔ	This Period (last page this line number on)	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/32
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δη	v information conied from such Benorts and St	atomonte may	unot he cold or used by any perso	
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. David C. Schleichert Mailing Address Central MN Foot & Ank	do Olinia		Date of Receipt
	1545 Northway Dr. #13			02 16 2005
	City	State	Zip Code	Transaction ID: 10671494
	Saint Cloud	MN	56303-1252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Sanford Mason			Date of Receipt
	Mailing Address 140 Deere Park Ct.			02 16 2005
	City	State	Zip Code	Transaction ID: 10671496
	Highland Park	<u> L</u>	60035-5309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation		
		Podiatrist	•	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Trent James Timson			Date of Receipt
	Mailing Address The Community Foot C 316 W. 4th St.	Clinic of McF		02 14 2005
	City	State	Zip Code	Transaction ID: 10673116
	McPherson	KS	67460-2301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		230.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1750.00
T	OTAL This Period (last page this line number of	only))	

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 11/32
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Kim M. Reichert			Date of Receipt
	Mailing Address 141 Hickory Lake			02 14 2005
	City	State	Zip Code	Transaction ID: 10673117
	Belleville	IL	62223-3441	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:		e Year-to-Date ▼	
	Primary General	-	F00.00	1
	Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial)			B . (B .)
В.				Date of Receipt
	Mailing Address 2400 Cinco Casitas			02 14 2005
	City	State	Zip Code	Transaction ID: 10673122
	La Crescenta	CA	91214-3005	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		250.00
	Name of Employer	Occupation	า	_
	Self Employed	Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)	0 0	250.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr. Steven B. Geduldig			Date of Receipt
	Mailing Address Foot Specialists 9119 W. 74th St. #352			0 2
	City	State	Zip Code	Transaction ID: 10673123
	Shawnee Mission	KS	66204-2236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Self Employed	Occupation Podiatrist		7
	Receipt For:	ļ	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)	1 1	300.00	
	UPTOTAL of Descript This Day (1911)			1050.00
Ls	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number or	nlv)	1	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/32
ITEMIZED RECEIPTS	or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
	, ,	13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or used by any person ne and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Podiatric Medical Assn., Inc. P	odiatry Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert G. Parker		Date of Receipt
Mailing Address 715 Windbreak Trl.		02 22 2005
City	State Zip Code	Transaction ID: 10682690
Houston	TX 77079-4225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Self Employed	Occupation Podiatrist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Harold B. Glickman		Date of Receipt
Mailing Address 11321 Berger Ter.		02 22 2005
City	State Zip Code	Transaction ID: 10682691
Potomac	MD 20854-2017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Self Employed	Occupation Podiatrist	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Frank A. Spinosa		Date of Receipt
Mailing Address P.O. Box 72		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 10682696
Shelter Island	NY 11964-0072	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Self Employed	Occupation	
	Podiatrist Aggregate Year-to-Date ▼	-
Primary General Other (specify)	Aggregate Teal-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	.	1750.00
TOTAL This Period (last page this line number only))	

S	CHEDULE A (FEC Form 3X)		Harris and a sale and date (a)	FOR LINE NUMBER: PAGE 13 / 32
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Vito N. Giardina			Date of Receipt
	Mailing Address 7707 Wisconsin Ave. #8	325		02 17 2005
	City	State	Zip Code	Transaction ID: 10696183
	Bethesda	MD	20814-6555	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	1	Year-to-Date ▼	+
	Primary General	, iggi ogalo	Tour to Buto V	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Stephen K. Grandfield			Date of Receipt
	Mailing Address 7 The Thumb			M M / D D / Y Y Y Y
				02 23 2005
	City	State	Zip Code	Transaction ID: 10696190
	Portage	IN	46368-8706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		7
		Podiatrist		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	Cirici (specify) •			1
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Robert T. Kirschenbaum			Date of Receipt
	Mailing Address 3915 Hidden Oaks Ln.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10696198
	<u>Melbourne</u>	FL	32934-7738	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050,00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash			<u>`</u>	

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Llea congrata cohodula(c)	FOR LINE NUMBER: PAGE 14/32
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Michael J. King			Date of Receipt
	Mailing Address 176 Sweet Farm Rd.			02 23 2005
	City	State	Zip Code	Transaction ID: 10696199
	Portsmouth	RI	02871-1291	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:		Year-to-Date ▼	
	Primary General	-	500.00	1
	Other (specify)	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey R. DeSantis			Date of Receipt
	Mailing Address 2611 Circle Dr.			02 23 2005
	City	State	Zip Code	Transaction ID: 10696202
	Newport Beach	CA	92663-5616	Amount of Each Receipt this Period
	Newport Beach	<u> </u>	92003-3010	Amount of Each Necelpt this Feriod
	FEC ID number of contributing federal political committee.	C	32003-3010	1000.00
	FEC ID number of contributing		1	
	FEC ID number of contributing federal political committee. Name of Employer	Occupation Podiatris	1	
	FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation Podiatris		
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Podiatris	n t Year-to-Date ▼	1000.00
c.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. David J. Freedman	Occupation Podiatris Aggregate	n t Year-to-Date ▼	Date of Receipt
C.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. David J. Freedman Mailing Address 2128 Rose Theatre Cir.	Occupation Podiatris Aggregate	n t Year-to-Date ▼ 1000.00	Date of Receipt 0 2
C.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. David J. Freedman Mailing Address 2128 Rose Theatre Cir.	Occupation Podiatris Aggregate	Year-to-Date ▼ 1000.00 Zip Code	Date of Receipt M
c.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. David J. Freedman Mailing Address 2128 Rose Theatre Cir. City Olney	Occupation Podiatris Aggregate	n t Year-to-Date ▼ 1000.00	Date of Receipt 0 2
C.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. David J. Freedman Mailing Address 2128 Rose Theatre Cir. City Olney FEC ID number of contributing federal political committee.	C Occupation Podiatris Aggregate State MD	Tite Year-to-Date ▼ 1000.00 Zip Code 20832-1677	Date of Receipt M
c.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. David J. Freedman Mailing Address 2128 Rose Theatre Cir. City Olney FEC ID number of contributing	Occupation Podiatris Aggregate	Tip Code 20832-1677	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. David J. Freedman Mailing Address 2128 Rose Theatre Cir. City Olney FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	Occupation Podiatris Aggregate State MD C Occupation Podiatris	Tip Code 20832-1677	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. David J. Freedman Mailing Address 2128 Rose Theatre Cir. City Olney FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation Podiatris Aggregate State MD C Occupation Podiatris	Zip Code 20832-1677	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. David J. Freedman Mailing Address 2128 Rose Theatre Cir. City Olney FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	C Occupation Podiatris: Aggregate State MD C Occupation Podiatris: Aggregate	Zip Code 20832-1677 Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)			Llea coparata cobadula(c)	FOR LINE NUMBER: PAGE 15/32									
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)									
•••	LIMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12									
_				13 14 15 16 17									
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.									
\setminus	NAME OF COMMITTEE (In Full)												
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee										
A.	Full Name (Last, First, Middle Initial) Dr. Harvey S. Karpo			Date of Receipt									
	Mailing Address 1420 Woodlane Dr.			02 23 7 2005									
	City	State	Zip Code	Transaction ID: 10704601									
	Westville	NJ	08093-1727	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		500.00									
	Name of Employer Self Employed	Occupation Podiatrist											
	Receipt For:		Year-to-Date ▼										
	Primary General		E00.00	1									
	Other (specify) ▼	0 0	500.00										
В.	Full Name (Last, First, Middle Initial) Dr. Terence B. Albright			Date of Receipt									
	Mailing Address 399 Berkshire Dr.			02 D 7 Y Y Y Y Y Y Z 2 0 0 5									
	City	State	Zip Code	Transaction ID: 10713946									
	Lake Villa	IL	60046	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		250.00									
	Name of Employer Self Employed	Occupation Podiatrist											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		250.00										
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Michael Haughey			Date of Receipt									
	Mailing Address 637 E. Matthews			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City	State	Zip Code	Transaction ID: 10713948									
	Jonesboro	AR	72401-3145	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		250.00									
	Name of Employer The Podiatry Group	Occupation Podiatrist											
	Receipt For:		Year-to-Date ▼										
	Primary General Other (specify) ▼		250.00										
s	UBTOTAL of Receipts This Page (optional)			1000.00									
	OTAL This Period (last page this line number or												

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 32 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
<u>΄</u> Δ.	Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala			Date of Receipt
	Mailing Address 445 Hurffville-Crosskeys	Rd. #B6		0 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10713950
	Sewell	NJ	08080-2338	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Terry J. Boykoff			Date of Receipt
	Mailing Address 3714 Park Colony Ct.			02 / 28 / 2005
	City	State	Zip Code	Transaction ID: 10714953
	Agoura Hills	CA	91301-3635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		888.88
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		888.88	
) .	Full Name (Last, First, Middle Initial) Dr. Kile W. Kinney			Date of Receipt
	Mailing Address 3552 Carnoustie Dr.			02 28 7 2005
	City Martinez	State GA	Zip Code 30907-9504	Transaction ID: 10714955
	FEC ID number of contributing		30907-9304	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
S	JBTOTAL of Receipts This Page (optional)			1638.88
T	OTAL This Period (last page this line number or	nly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 32 (check only one) X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct. City Slidell FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State LA C Occupation Podiatris: Aggregate		Date of Receipt M M M / 28 / 2005 Transaction ID: 10714956 Amount of Each Receipt this Period 1000.00
3.	Full Name (Last, First, Middle Initial) Dr. Lawrence S. MacTavish Mailing Address 1506 Grand Valley City Houston FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State TX C Occupation Podiatris: Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Э.	Full Name (Last, First, Middle Initial) Dr. Kenneth E. Jacoby Mailing Address 4N 916 Middlecreek Ln. City Saint Charles FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State IL C Occupation Podiatris: Aggregate	Zip Code 60175	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			1750.00
T	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Forn	n 3X)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 32 (check only one) X 11a
Any information copied from such Report for commercial purposes, other than	orts and Statements may using the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical As	ssn., Inc. Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Eugene Nassif, Jr. Mailing Address 4095 Hickory H City Cedar Rapids FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Steven B. Smith Mailing Address 8829 S. 92nd I	Hill Ln. S.E. State IA C Occupatio Podiatris Aggregate	Zip Code 52403-3738	Date of Receipt 0 2 25 2005 Transaction ID: 10719805 Amount of Each Receipt this Period 250.00 Date of Receipt
City Tulsa FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State OK C Occupatio Podiatris		Transaction ID: 10719806 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Richard A. Bellacosa Mailing Address 7 Tanner Wood City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State TX C Occupatio Podiatris		Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (o	otional)		750.00
TOTAL This Period (last page this line	e number only)	I	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 19/32 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Podiatry Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Patrick A. McShane Date of Receipt Mailing Address 2605 S. Marlan 02 28 2005 City State Zip Code Transaction ID: 10752170 Springfield MO 65804-3808 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Self Employed Occupation **Podiatrist** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	18389.88

S

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 32 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17
Any information copied from such Reports and Statements ror for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Podiatry	y Political Action Committee	
Full Name (Last, First, Middle Initial) Investment Account, Interest/Dividends Mailing Address 100 Light St., 19th Floor City State	Zip Code	Date of Receipt M M D D
Baltimore MD FEC ID number of contributing federal political committee. Name of Employer Citigroup Global Markets, Investi	21202-1036 ation ment Firm	Amount of Each Receipt this Period 162.18
IIIC.	gate Year-to-Date ▼ 227.25	interest income

SUBTOTAL of Receipts This Page (optional)	•	162.18
TOTAL This Period (last page this line number only)	<u> </u>	162.18

SCHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	(check only	NUMBER: PAGE 21/32
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports and Stator for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) A. Wachovia Bank, N.A.			Transaction ID: 12780300 Date of Disbursement M 2 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address NC8502 PO Box 563966			02 02 2005
City Charlotte	State Zip Code NC 28262-3966		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees Candidate Name		001 Category/	24.40
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼	Туре	Bank Fees
Full Name (Last, First, Middle Initial) B. Wachovia Bank, N.A.			Transaction ID: 12780303 Date of Disbursement
Mailing Address NC8502 PO Box 563966			$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}2^{M}\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}D\\0\end{smallmatrix}2^{D}\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\end{smallmatrix}0\end{smallmatrix}5^{Y}$
City Charlotte	State Zip Code NC 28262-3966		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees		001	601.66
Candidate Name		Category/ Type	
Office Sought: House Disbut Senate President State: District:	sement For: Primary General Other (specify)		Bank Fees
Full Name (Last, First, Middle Initial) C. Wachovia Bank, N.A.			Transaction ID: 12780304 Date of Disbursement
Mailing Address NC8502 PO Box 563966			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ O & O & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ O & O & O \end{smallmatrix} \end{bmatrix} \ $
City Charlotte	State Zip Code NC 28262-3966		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees		001	300.73
Candidate Name		Category/ Type	
Office Sought: House Disbut Senate President State: District:	sement For: Primary General Other (specify) ▼		Bank Fees
SUBTOTAL of Disbursements This Page (optional	l)		926.79
TOTAL This Period (last page this line number on			926.79

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only	NUMBER: PAGE 22/32
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
Any Information copied from such Reports and State			
or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ne and address of any political col	mmittee to so	olicit contributions from such committee
American Podiatric Medical Assn., Inc. F	odiatry Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			Transaction ID: 10647272
Norwood For Congress			Date of Disbursement
Mailing Address PO Box 499 PO Box 499			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} & / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 4 \end{smallmatrix} \end{bmatrix} & / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$
City Evans	State Zip Code GA 30809		Amount of Each Disbursement this Period
Purpose of Disbursement	GA 30009		1000.00
2006 Primary Election		011	
Candidate Name Rep. Charles W. Norwood		Category/ Type	
X	ement For: 2006 Primary General Other (specify)		2006 Primary Election
Full Name (Last, First, Middle Initial)			T :: ID 10017010
Friends of Kent Conrad			Transaction ID: 10647313 Date of Disbursement
Mailing Address PO BOX 812			$\begin{bmatrix} 0 & 2 & 0 & 0 & 4 \\ 0 & 2 & 0 & 0 & 5 \end{bmatrix}$
City Bismarck	State Zip Code ND 58502		Amount of Each Disbursement this Period
Purpose of Disbursement		044	2500.00
2006 Primary Election Candidate Name Kent Conrad		011 Category/ Type	
X Senate President	ement For: 2006 (Primary General Other (specify)	Nr	2006 Primary Election
State: ND District: 1 Full Name (Last, First, Middle Initial)			
People With Hart Inc			Transaction ID: 10647273 Date of Disbursement
Mailing Address P.O. Box 435			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & A \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{smallmatrix} \end{bmatrix}$
City Wexford	State Zip Code PA 15090		Amount of Each Disbursement this Period
Purpose of Disbursement 2006 Primary Election		011	1000.00
Candidate Name Rep. Melissa A. Hart	C	Category/ Type	
	ement For: 2006 Primary General Other (specify)		2006 Primary Election
SUBTOTAL of Disbursements This Page (optional			4500.00
TOTAL This Period (last page this line number onl	')		

SCHEDU	LE B (FEC FOIIII 3A)	Use seperate schedule(s)		NUMBER: PAGE 23 / 32	
ITEMIZEI	DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 25 26	3 Ob
				for the purpose of solicating contributions licit contributions from such committee	
NAME OF	COMMITTEE (In Full) n Podiatric Medical Assn., Inc.	··			
	(Last, First, Middle Initial) FOR SENATE			Transaction ID: 10652312 Date of Disbursement	
Mailing Ad	dress P.O. BOX 2000			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & S \end{smallmatrix} $	
City Portland		State Zip Code ME 04104		Amount of Each Disbursement this Period	1
	Disbursement Disbursement Disbursement		011	1000.00	
Candidate Olympia	Name J. Snowe		Category/ Type		
Office Sou	X Senate President	xsement For: 2006 X Primary General Other (specify)		2006 Primary Election	
_	(Last, First, Middle Initial)			Transaction ID: 10652295 Date of Disbursement	_
Mailing Ad				0 2 0 7 2 0 0 5	
City		State Zip Code		Amount of Each Disbursement this Period	_
Prescott		AR 71857		1000.00	1
2006 Prim	Disbursement Disbursement Disbursement Disbursement		011	1000.00	J
Candidate Rep. Mic	hael A. Ross		Category/ Type		
Office Sou State: AR	ght: X House Disbu Senate President District: 4	rsement For: 2006 X Primary General Other (specify) ▼		2006 Primary Election	
`	(Last, First, Middle Initial) Congress			Transaction ID: 10652274 Date of Disbursement	_
Mailing Ad				0 2 0 0 7 0 7 2 0 0 5	
	P. O. Box 1919	State Zip Code			_
City Janesville	-	WI 53547		Amount of Each Disbursement this Period	1
2006 Prim	Disbursement Election		011	1000.00	
Candidate Rep. Pau			Category/ Type		
Office Sou	ght: X House Disbu Senate President District: 1	xsement For: 2006 X Primary General Other (specify)		2006 Primary Election	
SUBTOTAL	of Disbursements This Page (optiona	(l		3000.00	
TOTAL This	Period (last page this line number or	ly)	>		

SCHEL	OLE B (FECFORIII 3X)	Use seperate schedule(s)		NUMBER: PAGE 24/32							
ITEMIZ	ED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 22							
	ation copied from such Reports and State nercial purposes, other than using the na			for the purpose of solicating contributions licit contributions from such committee							
NAME	OF COMMITTEE (In Full) can Podiatric Medical Assn., Inc.	•••									
	me (Last, First, Middle Initial) For Congress			Transaction ID: 10652248 Date of Disbursement							
Mailing	Address P.O. Box 425			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix} $							
City Roswe	ell	State Zip Code GA 30077		Amount of Each Disbursement this Period							
	e of Disbursement rimary Debt Retirement		011	1000.00							
	ate Name iomas Price		Category/ Type								
Office S	Senate President	sement For: 2004 X Primary General Other (specify)		2004 Primary Debt Retirement							
_	me (Last, First, Middle Initial) nitte To Re-Elect Ed Towns			Transaction ID: 10668435 Date of Disbursement							
Mailing	Address 438 Lewis Avenue			$\begin{bmatrix}\begin{smallmatrix}M\\02\end{smallmatrix}^M&\begin{smallmatrix}I&D\\14\end{smallmatrix}\end{bmatrix}^I\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2005\end{smallmatrix}^Y\\\end{smallmatrix}$							
City Brook	lyn	State Zip Code NY 11233		Amount of Each Disbursement this Period							
	e of Disbursement rimary Election		011	1000.00							
	ate Name Edolphus Towns		Category/ Type								
Office State: I	Senate President	sement For: 2006 X Primary General Other (specify) ▼		2006 Primary Election							
_	me (Last, First, Middle Initial) • Campaign Fund			Transaction ID: 10668439 Date of Disbursement							
Mailing	Address P.O Box 133			$\begin{bmatrix}\begin{smallmatrix}M\\0^2^M\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}D\\1^4^4\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}Y\\2^2^0^0^5^5\end{smallmatrix}$							
City Wilmii	naton	State Zip Code DE 19899		Amount of Each Disbursement this Period							
Purpos	e of Disbursement rimary Election		011	1500.00							
	ate Name //ichael N. Castle		Category/ Type								
Office S	Senate President	sement For: 2006 X Primary General Other (specify)		2006 Primary Election							
SUBTOTA	AL of Disbursements This Page (optiona)		3500.00							
TOTAL T	his Period (last page this line number on	у)	>								

	STILLBOLL B (I LOT OTHI 3X)	Use seperate schedule(s)		_	LINE I k only	ODE)	:R:			PA	MGE	25 /	32
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	_	1b _	22 28a	Х	23 28b		24 28c		25 29	26 30b
	y Information copied from such Reports and Sta													ıs
Or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ine and address of any politica	II COITI	111	шее	to son	CIL COIIL	ribut	IONS II	TOTTE	such c	COTTI	muee	
\rangle	American Podiatric Medical Assn., Inc.	Podiatry Political Action C	omm	ni	ttee									
_	Full Name (Last, First, Middle Initial)						Trans	sact	ion ID	: 10	6684	32		
Α.	Jd Hayworth For Congress							of D	isburs		nt	· · · · ·	· · · · ·	V
	Mailing Address 14300 N. Northsight E	vd. #105					0 2	IVI	/ L	1 4		Ž	o ŏ :	5
	City Scottsdale	State Zip Code AZ 85260					Amou	unt o	f Eacl	n Dis	burse	men	t this	Period
	Purpose of Disbursement	AZ 03200		_		_						1	500.	00
	2006 Primary Election			0	11									
	Candidate Name Rep. J.D. Hayworth				egory ype	//								
	Senate President	rsement For: 2006 X Primary General Other (specify)					2006	Prii	mary	Elec	ction			
_	State: AZ District: 5 Full Name (Last, First, Middle Initial)													
В.	Friends Of Rahm Emanuel						Date		ion ID isburs / D		6684 nt			V
	Mailing Address P.O. Box 101124						02 14 2005							
	City Chicago	State Zip Code IL 60610					Amou	unt o	f Eacl	n Dis	burse			
	Purpose of Disbursement 2006 Primary Election 011											1	000.	00
	Candidate Name Rep. Rahm Emanuel		Ca	ate	egory ype	//								
	Senate President	rsement For: 2006 X Primary General Other (specify) ▼	•				2006	Prii	mary	Elec	ction			
_	State: IL District: 5 Full Name (Last, First, Middle Initial)						T		: ID	. 10	6684	20		
C.	Friends Of Hillary								isburs			აა		
	Mailing Address 1717 K Street Nw Suit	e 309a					0 ^M 2	М	/ D.	1 4	/ Y	ž	0 ŏ :	5 Y
	City Washington	State Zip Code DC 20036					Amou	unt o	f Eacl	n Dis	burse	men	t this	Period
	Purpose of Disbursement 2006 Primary Election			٥	11	\neg	L.		_			2	2500.	00
	Candidate Name Sen. Hillary Rodham Clinton			ate	egory ype	//								
		rsement For: 2006 X Primary General Other (specify)	<u> </u>		<u> </u>		2006	Prii	mary	Elec	ction			
s	UBTOTAL of Disbursements This Page (option	J)				<u> </u>		•		_	-	5	000.	00
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SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check onli	NUMBER:	PAGE 26/32						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b						
Any Information copied from such Reports and Statem										
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political co	ommittee to so	iicit contributions from	such committee						
American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	mittee								
Full Name (Last, First, Middle Initial)			Transaction ID: 10							
A. Bingaman 2006			Date of Disburseme							
Mailing Address PO Box 16210			$\begin{bmatrix} 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 3 \end{bmatrix}$	['] 2005 [']						
•	State Zip Code NM 87191		Amount of Each Dis	sbursement this Period						
Albuquerque Purpose of Disbursement	NIVI 6/191			1500.00						
2006 Primary Election		011								
Candidate Name Sen. Jeff Bingaman		Category/ Type								
	ment For: 2006 Primary General Other (specify)		2006 Primary Election							
Full Name (Last, First, Middle Initial)			Tuesday ID: 10	2007500						
Charles A. Gonzalez Congressional Camp	aign		Transaction ID: 10 Date of Disbursement							
Mailing Address P.O. Box 83142			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
City Gaithersburg	State Zip Code MD 20883		Amount of Each Dis	sbursement this Period						
Purpose of Disbursement 2006 Primary Election		011		1000.00						
Candidate Name		011 Category/								
Charlie A. Gonzalez		Туре								
Senate X President	ment For: 2006 Primary General Other (specify) ▼		2006 Primary Election							
State: TX District: 20 Full Name (Last, First, Middle Initial)				202507						
Friends of Lois Capps			Transaction ID: 1 (Date of Disbursement	ent						
Mailing Address PO Box 23940			02 / 23	['] 2005 [']						
City Santa Barbara	State Zip Code CA 93121		Amount of Each Dis	sbursement this Period						
Purpose of Disbursement 2006 Primary Election	Purpose of Disbursement			1000.00						
Candidate Name Lois Capps		011 Category/ Type								
Office Sought: X House Disburse	ment For: 2006 Primary General Other (specify)	. 160	2006 Primary Ele	ection						
SUBTOTAL of Disbursements This Page (optional)				3500.00						
TOTAL This Period (last page this line number only)										

	OLL B (I LCI OIIII 3X)	Use seperate schedule(s)) FOR L		E NUMBE	:K:	PA	GE 27/3	32
ITEMIZI	ED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
	ation copied from such Reports and Sta								s
	nercial purposes, other than using the r OF COMMITTEE (In Full)	arne and address of any political co	OMM	iee io s	Olicit Coriti	ibutions ii	om such c	ommittee	
1	can Podiatric Medical Assn., Inc.	Podiatry Political Action Con	nmitte	ее					
•	me (Last, First, Middle Initial)						: 106975	23	
• Pete S	tark Re-Election Committee					of Disburs		V	V
Mailing .	Address P.O. Box 8331				0 ^M 2		2 3 Y	ž 0 ŏ 5	5
City	nt	State Zip Code			Amou	int of Each	n Disburse	ment this F	Period
Fremo	e of Disbursement	CA 94537						1000.0	00
	rimary Election		01	1					
	ate Name ortney Peter Stark		Categ Typ						
Office S	Senate President	rsement For: 2006 X Primary General Other (specify) ▼			2006	Primary	Election		
State: C	DA District: 13 me (Last, First, Middle Initial)								
•	s of Max Baucus				Date	of Disburs			_
Mailing A	Address Box 586				0 2	M / D	23 / Y	ž 0 ŏ 5	5 ^Y
City Helena	ı	State Zip Code MT 59624			Amou	int of Each	n Disburse		
	e of Disbursement		01	4	<u> </u>			2000.0	00
Candida	2008 Primary Election Candidate Name Senator Max Baucus O11 Category/ Type								
Office S	X Senate President	rsement For: 2008 Primary General X Other (specify)			2008 Primary Election				
State: N		Primary Electio							
•	ne (Last, First, Middle Initial) Degette For Congress				Date	of Disburs			
Mailing A	Address 770 Grant Street Suit 770 Grant Street Suit				0 2	M / D	2 3 Y	ž 0 ŏ 5	5 ^Y
City Denve	r	State Zip Code CO 80203			Amou	int of Eacl	n Disburse	ment this F	Period
	e of Disbursement rimary Election		011					1000.0	00
				jory/ e					
Office S	Senate President	xrsement For: 2006 X Primary General Other (specify)			2006	Primary	Election		
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Ori	or commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	le and address of any political	COITI	11111	ilee i	o Sono	on Corn	ribut	IONS I	TOITI	Sucn	COITII	muee	
\rangle	American Podiatric Medical Assn., Inc. F	odiatry Political Action Co	mm	nit	tee									
	Full Name (Last, First, Middle Initial)						Trans			_		529		
Α.	Stephanie Tubbs Jones For Us Congress						Date	of D			ent • / •	v · v	, . _V .	V
	Mailing Address 3729 Silsby Rd						0 2		Ĺ	23	ľL	2	0 0 5	5
	City	State Zip Code OH 44118					Amou	ınt o	f Eac	h Dis	burs	emer	t this I	Period
	University Heights Purpose of Disbursement	On 44116		_		_							1000.	00
	2006 Primary Election			01	11								_	
	Candidate Name Rep. Stephanie Tubbs Jones			ate Ty	gory/ pe									
	Senate 2 President	ement For: 2006 Primary General Other (specify)					2006 Primary Election							
_	State: OH District: 11													
В.	Full Name (Last, First, Middle Initial) Abercrombie For Congress						Trans Date	of D	isbur	seme				
	Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005 C/O 1357 Kapiolani Blvd. Ste. 1005						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							5 ^Y
	City Honolulu	State Zip Code HI 96814					Amou	ınt o	f Eac	h Dis	burs	-	t this	
	Purpose of Disbursement 2006 Primary Election 011					1							1000.	00
	Candidate Name Rep. Neil Abercrombie		Са	_	gory/		2006 Primary Election							
	Senate President	ement For: 2006 Primary General Other (specify)												
	State: HI District: 1 Full Name (Last, First, Middle Initial)													
C.	Nathan Deal For Congress						Trans Date	of D	isbur	seme			, · · · ·	V
	Mailing Address PO Box 902 PO Box 902						0 2	М	, L	23	ľL	<u>'</u> 2	0 0 5	5 '
	City Gainesville	State Zip Code GA 30503					Amou	ınt o	f Eac	h Dis	sburs	-	t this	
	Purpose of Disbursement 2006 Primary Election		011			1	L.		_		-		1000.	00
	Candidate Name Rep. Nathan Deal				gory/ pe									
	9 1	ement For: 2006 Primary General Other (specify)					2006	Prii	mary	Ele	ction	1		
	JBTOTAL of Disbursements This Page (optional							_				2	000.	nn

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27		3 24 8b 28c	25 29	26 30b
Any Information copied from such Reports and State						
or for commercial purposes, other than using the nar	le and address of any political co	mmittee to so	licit contribution	is from such co	ommittee	
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. F	odiatry Political Action Com	mittee				
Full Name (Last, First, Middle Initial)			Transaction	ID : 1069752	22	
Schakowsky For Congress			Date of Disk		. V . V	V
Mailing Address P.O. Box 5130			02 4	^D 23 / Y	ž 0 0 5	
City	State Zip Code IL 60204		Amount of E	ach Disburser	nent this P	eriod
Evanston Purpose of Disbursement	IL 60204				1000.0	0
2006 Primary Election		011				
Candidate Name Rep. Janice D. Schakowsky		Category/ Type				
Senate President	ement For: 2006 Primary General Other (specify)		2006 Prima	ary Election		
State: IL District: 9						
Full Name (Last, First, Middle Initial) Tim Murphy For Congress			Date of Disb	D : 1069751 pursement		
Mailing Address PO Box 24551			02	ž 0 ŏ 5	Y	
City Pttsburgh	State Zip Code PA 15234		Amount of E	Each Disburser		-
Purpose of Disbursement 2006 Primary Election		011			2000.0	0
Candidate Name Rep. Tim F. Murphy		Category/ Type				
Senate President	ement For: 2006 Primary General Other (specify)	2006 Primary Elec				
State: PA District: 18 Full Name (Last, First, Middle Initial)						
Mccotter Congressional Committee			Date of Disk			
Mailing Address P.O. Box 530788			02	^D 23 / Y	ž 0 ŏ 5	Y
City Livonia	State Zip Code MI 48153		Amount of E	Each Disburser	nent this P	eriod
Purpose of Disbursement 2006 Primary Election	·				1000.0	0
Candidate Name Rep. Thaddeus G. McCotter		Category/ Type				
-	ement For: 2006 Primary General Other (specify)		2006 Prima	ary Election		
SUBTOTAL of Disbursements This Page (optional					4000.0	0
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TOTAL This Period (last page this line number only)					

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only	NUMBER: PAGE 30/32	<u>'</u>						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29	26 30b						
Any Information copied from such Reports and S										
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	arne and address of any political co	ommittee to so	micit contributions from such committee							
American Podiatric Medical Assn., Inc	Podiatry Political Action Com	nmittee								
Full Name (Last, First, Middle Initial)			Transaction ID: 10697524							
Volunteers For Shimkus			Date of Disbursement	7						
Mailing Address P.O. Box 5458			$\begin{bmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix}$ $\begin{bmatrix} D & 2 & 3 \\ 0 & 2 & M \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y $							
City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Pe	eriod						
Purpose of Disbursement	Г	* *	1000.00)						
2006 Primary Election Candidate Name		O11								
Rep. John M. Shimkus		Category/ Type								
Senate President	rsement For: 2006 X Primary General Other (specify)		2006 Primary Election							
State: IL District: 19 Full Name (Last, First, Middle Initial)			T ID 10007501							
3. John Lewis For Congress			Transaction ID: 10697531 Date of Disbursement							
Mailing Address 1520 Pinehurst Drive	Sw		$\begin{bmatrix} 0 & 2 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 0 \\ 2 & 3 \end{bmatrix}$ $\begin{bmatrix} 0 & 2 & 0 \\ 2 & 0 & 0 \end{bmatrix}$							
City	State Zip Code		Amount of Each Disbursement this Pe	eriod						
Atlanta	GA 30311		1000.00							
Purpose of Disbursement 2006 Primary Election		011	1000.00	,						
Candidate Name Rep. John Lewis		Category/ Type								
Senate President	rsement For: 2006 X Primary General Other (specify)		2006 Primary Election							
State: GA District: 5 Full Name (Last, First, Middle Initial)										
Robert Aderholt For Congress			Transaction ID: 10697515 Date of Disbursement							
Mailing Address P. O. Box 1158 940 Hwy 13			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 3 \\ 2 & 3 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$							
City Haleyville	State Zip Code AL 35565		Amount of Each Disbursement this Pe	eriod						
Purpose of Disbursement 2006 Primary Election)						
Candidate Name Rep. Robert B. Aderholt	,	Category/ Type								
Office Sought: X House Senate President State: AL District: 4	xrsement For: 2006 X Primary General Other (specify)		2006 Primary Election							
SUBTOTAL of Disbursements This Page (optic	al)	>	3000.00							
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 31/32
IT	EMIZED DISBURSEMENTS	for each category of the	(check onl	
		Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports an for commercial purposes, other than using	•	, , ,	
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn.,	Inc. Podiatry Political Action Co	mmittee	
	Full Name (Last, First, Middle Initial)			Transaction ID: 10697517
۹.	Terry Everett For Congress			Date of Disbursement
	Mailing Address P.O. Box 1828			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} $ $ \begin{bmatrix} D & 2 & 3 \\ 2 & 3 \end{bmatrix} $ $ \begin{bmatrix} Y & 2 & 0 & 0 & 5 \end{bmatrix} $
	City	State Zip Code		Amount of Each Disbursement this Period
	Dothan	AL 36302		
	Purpose of Disbursement			1000.00
	2006 Primary Election		011	
	Candidate Name Rep. Terry Everett		Category/	
		Disbursement For: 2006	Туре	
	Office Sought: X House Senate	X Primary General		2006 Primary Election
	President	Other (specify)		
	State: Al District: 2			

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
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S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)		NUMBER: PAGE 32/32							
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				27	28a 28b 28c X 29 30b							
	y Information copied from such Reports and S for commercial purposes, other than using the	•		, , ,								
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
\rangle	American Podiatric Medical Assn., Inc	c. Podiatry Pol	itical Action Com	ımittee								
_	Full Name (Last, First, Middle Initial)				Transaction ID: 10788131							
۹.	Investment Account				Date of Disbursement							
	Mailing Address				$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & B \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & S \end{bmatrix}$							
	City	State	Zip Code		Amount of Each Disbursement this Period							
					07.00							
	Purpose of Disbursement interest expense			001	27.86							
	Candidate Name			Category/ Type								
		sbursement For:			interest expense							
	Senate	Primary	General									
	President	Other (spe	city)									
	State: District:											

SUBTOTAL of Disbursements This Page (optional)	•			•	27.86
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